

ON
ACNE
ACNE ROSACEA
LICHEN AND PRURIGO

BY
TOM ROBINSON, M.D.

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LECTURES ON ACNE, ETC.

By the same Author.

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LECTURES

ON

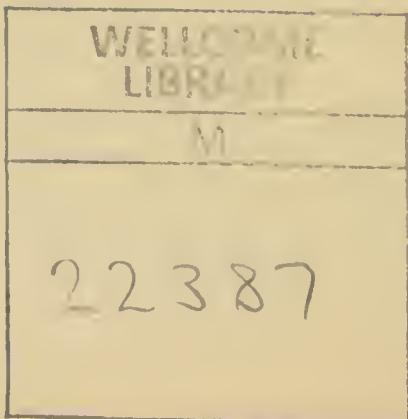
ACNE, ACNE ROSACEA, LICHEN AND PRURIGO.

BY
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PREFACE.

AFTER delivering the Lectures which form the pages of this book, I was requested by some of those who honoured me with their presence to publish them in book form. This request I now comply with,—hoping they may be received with due consideration for the manner in which they were delivered, and an apology for the almost conversational style in which they are composed.

19. GUILDFORD STREET, RUSSELL SQUARE.

November 2, 1884.

A C N E .

A GREAT deal of discussion has taken place respecting the word Acne; some have asserted that the word is a corruption of the Greek noun Acme, or highest point of manhood and womanhood; according to my own opinion and that of many others the word is from the Greek Acne, that is bloom or efflorescence. Be this as it may, we mean now by acne, a disease which is most usually found on the face, shoulders, and chest, which, histologically, is an abnormal condition of the sebaceous glands, their secretion, and the surrounding cellular tissue. We apply the noun with an adjective when we speak of Acne rosacea; and for the purposes of description it is best to retain these names, which convey a definite significance, and have been used for so many years.

I should join issue with many of the varieties of acne, which are described by all dermatologists, because many are simply the result of a fancy of the author. I allude to such compound phrases as *Acne indurata*, *Acne punctata*, *Acne conformis*. These varieties are commonly found on the same subject, and the retention of their use in our vocabulary is only confusing and unscientific.

In the two lectures which I have the pleasure of delivering, I shall divide the disease into three varieties.

Firstly, PHYSIOLOGICAL ACNE.

Secondly, CLIMACTERIC ACNE.

Thirdly, ROSE ACNE.

But before proceeding to these varieties, let us glance at the histology and physiology of the sebaceous follicles, which will be found to be intimately associated with the hair sacs, and it will be necessary for me to allude to this relationship many times in these lectures. I consider, by bearing in mind this relationship, we are enabled to comprehend many of the phenomena which we meet with in these very common and troublesome maladies.

The sebaceous glands are found in every situation of the cutaneous surface, with the exception of the palms of the hands, the soles of the feet, the last phalanges of the toes and fingers, and they are absent on the glans penis. They are the only secreting glands which are found on the cutaneous surface, excepting the sweat ducts, and they have their analogue in the mucous glands in the interior of the body. The sebaceous glands are sometimes composed of two or three gland lobules, which have an excretory duct, which duct rarely opens immediately upon the surface, but as a rule into the hair follicle. There is an exception in the case of the long hairs, such as we see on the head, pubis, or axillæ; in these situations the reverse is the case, whilst in the pubescent hairs the small hair follicles open into the wide excretory duct of the gland.

The gland sac is always situated in the corium, and never reaches into the subcutaneous connective tissue. This is why a *molluscum contagiosum* tubercle rises so distinctly from the plane of the skin.

The interior of the gland lobules is occupied by an amorphous mass of fatty matter, and the debris of numerous cells.

The development of the sebaceous glands commence at the third month in man. By remembering this fact we are enabled to grasp the reason that some children are born with a hard inelastic skin, which constitutes the disease known as Ichthyosis, which is always congenital, and always incurable; because this gland formation is abolished by an inflammation of the skin, which attacks the fœtus in utero.

The function of the sebaceous secretion is to give to the hairs an oleaginous food, and to make the skin supple, and also for the purpose of protecting it from external irritation. We see this well exemplified in coal porters and others; the constant contact of dust irritates the sebaceous follicles, and their secretion is increased in quantity to such an extent that the faces of these men are quite greasy.

The hair sac and the sebaceous gland form together a most ingenious contrivance; but like so many other ingenious contrivances

they are put out of order by a multiplicity of causes. The way in which the growing hair creeps upwards in its growth until it receives, before it makes its exit on the skin, an oiling to protect it against adverse influences is wonderfully cunning : but so many influences are at work that this process is checked in very many ways, and it is to these that I must ask your attention. I am met on the very threshold of my subject with this difficulty. How can I separate Lichen from Acne ? And let me here state that I would not separate them clinically. So intimate is the pathological states that it would be far better if we were to group both these maladies as Folliculitis, or, in other words, inflammation of the follicles of the skin : but I am loth to abolish names which we have used for years.

We may get out of the difficulty in this way. By Lichen we mean a papule, which consists of an imprisoned hair without an adequate secretion of sebaceous matter, and by an Acne spot we mean a condition in which the sebaceous matter is plus and the hair minus. I am aware that this is a new way to look at the maladies ; but let any candid

observer strip a case of lichen, and he will in a good light find the lichen spots to occupy the position of a hair, but he will find these spots do not occur in the ordinary acne situations. Let me be clear on this point. Lichen is usually found on the limbs, outer aspects, sometimes on the chest and back, or, in other words, it is found where the pubescent hairs grow abortively; but in such situations as the axillæ, the pubis, or the whisker regions, where the hairs grow luxuriantly, we never find lichen, whilst acne is found on the nose, cheeks, forehead, and chin, or, in other words, it is found where hairs do not grow.

I must say here that I look upon the following definition of lichen as the only one which we can use. It is a papule which is always umbilicated, which has never an inflamed base, and which is always a lichen spot; it never becomes vesicular or suppurates.

Having cleared the ground as well as I am able of this difficulty, let us ask ourselves what it is which stops the mouth of a sebaceous follicle. In the greater number of cases the over-secretion of the gland is only an expression of general disorder of the whole

organism, in which this secretion takes its part. Persons whose skins are thick and greasy, whose hair and whose nails grow fast, whose heads are scurfy, who are sleepy and stupid, who look muddy, and are often the subjects of stomach derangements; these are the subjects of acne.

Believing that this over-secretion does occur, we must follow out the effect of this bloated gland. The first stage is an elevated spot with a black head, which can easily be raised from its bed, and as we all know if squeezed a column of sebaceous matter bulges up like a maggot: hence the name (Comedo) with a black head. This black head is simply due to dirt blocking up the orifice of the gland.

If we place this secretion on a slide, we find nothing beyond epidermic scales and oil globules. According to Gustaf Simon a six-legged parasite with a long belly is common in these sacs. I have never seen it, although I have looked for it many times.

If the over-secretion of the gland occurs in sebaceous follicles without an excretory duct, we have the round pearly white bodies, which are so common about the eyelids, and

in the lines of a cut, where these ducts would be severed. These white spots are called Milium, or better still white acne.

We pass by an easy transition to true Acne.

The first stage of Comedo is so common that it is really a normal condition of all adult skins, but, where owing to other causes, this distended sebaceous follicle becomes inflamed, we arrive at a pathological process, which will attract so much of our attention, and task us severely in subduing.

The first process is a congestion around the sebaceous follicle, which congestion soon runs into an inflammatory action. The source of irritation is due to decomposition in the secretion, and is not a peri-follicular inflammation set up by a distended sac. You can ascertain the truth of this by smelling the contents of a large sebaceous cyst of the scalp, which has become inflamed ; the surrounding tissue may be free from any sympathetic process, and the contents of such a cyst are most offensive. And many suppurating sebaceous follicles of the face and elsewhere do not give rise to the formation of pus in the neighbourhood of the gland ; it is essentially an inflammation in the

sac. This is the simple form of acne. Where the surrounding tissue becomes inflamed, we have other factors at work, such as scrofula or syphilis, and these are the cases which go on for so many years, and which cause such frightful disfigurement.

I have under my care at the present time several cases where the history is as follows : —The patients were the subjects of acne commencing in youth, they have contracted syphilis, and in addition have lived freely and drank heavily. These cases came to me at intervals with large bosses of inflamed tissue, especially on the forehead ; this tissue, as a rule, suppurates, and I have in some instances let out as much as half-an-ounce of pus from one cyst. These are the cases which are designated *Acne indurata*.

There is one kind of cyst which I have not yet found described, but of which I have now seen three examples. The cases which I have met with have all been women, and they have had several semi-transparent cysts in the free edges of the eyelids, which looked like boiled sago. I have experienced some difficulty in puncturing these cysts, because of

the density of their walls. I allude to them in this lecture because I have not been able to assign them to any other malady but acne. Similar cysts are seen behind the ear.

If we are to recognize every altered state of the sebaceous secretion as acne, which I for one would encourage, we must take many diseases into the group. In early infancy we find the foetus covered with a layer of greasy matter, which is the sebaceous secretion that has been accumulating in the child during its intra-uterine life, and we know how much this secretion varies in quantity and consistency; sometimes it is so tenacious that the nurse has difficulty in washing it off, in others, it is absent, then the skin will be found dry and inelastic.

When the hair is developing on the crown, we often find the sebaceous matter accumulated on the summit, in a thick, dirty cake, which gives much trouble, and in those who have an eczematous proclivity, this crust begins an eczema. In fact, the eczema of infants has its origin, I believe, in all cases in the irritation induced by an altered sebaceous secretion; it is too dense, and that is why cod-

liver oil inside, and applied locally, is of such signal service in these cases. It supplies fat to the secretion.

Again, during cold weather, when the sebaceous matter is partially frozen like any other oily substance, we shall frequently find round patches of skin dry and scaly, especially on the face, and when this occurs we have what the laity call chapped hands and face, which in ætiological phraseology is due to a too thick sebaceous secretion, which is not poured out in sufficient quantity upon the cutaneous surface. We remedy this condition by oil or glycerine, and by avoiding soap, which is an irritant in these cases, because it actually saponifies the secretion, which is already too scanty, and we prevent its recurrence by warmth.

We might reasonably include in our group *ichthyosis*, which as you doubtless know, is an absence of sebaceous follicles, either on the whole or a part of the cutaneous surface.

When the contents of a sebaceous gland become so firm that its constituent elements coalesce, we have horn; in point of fact, the horns of the lower animals are simply off-

shoots of epithelial secretion, and in our own species we find the horns of the skin are neither more nor less than dense sebaceous matter protruding from the orifice of a skin gland.

The common boils are always due to retained secretion in a hair and sebaceous follicle. The retention may be due to special callings, such as working amongst tar, which plugs up the orifices, or we find friction producing the same effect. That is why boils are so common in the buttocks of an oarsman, or a rider, and that is why we find them around the neck, and the outer aspects of the limbs, where there is the most friction.

Carbuncles are again due to inflammation of a group of sebaceous glands, occurring in those whose general health is feeble from some exhausting cause, such as old age or diabetes. The number of orifices seen oozing on a carbuncle, represents the number of sebaceous glands involved in the process. The slough which comes away represents the gland itself and its contents.

There is one other condition which I must allude to, that is “*molluscum contagiosum*.”

We, in this country, do not doubt that this is a contagious disease; on the continent they dispute the fact, but there is so much clinical testimony to support the accuracy of the contagious view, that it is impossible not to accept it, although the actual contagion has not yet been discovered. That this interesting disease is due to the invasion of a sebaceous gland by a parasite, I do not doubt. The button holes in the pearl button-like tumours are the orifices of sebaceous glands.

I might also allude to the Meibomian cysts of the eyelids, to the steatoma of the head, and of other regions, as maladies which are due to an abnormal state of the sebaceous glands. The varieties of balanitis and of pruritus vulvae, are many of them simply due to a want of integrity in the sebaceous secretion.

After this very wide digression allow me to go back to what is accepted as acne, Acne vulgaris, if you like.

Young men and women come before us at about the age of thirteen or fourteen for spots on their faces. You find these spots are situated in the situations where good hairs

are not produced ; such positions as the forehead, cheeks, nose ; the inner surface of the external ear is a very common situation for them. These spots consist of black headed pimples, some of which may be in several degrees of inflammation ; and if we strip our patients we shall find other and similar spots on the shoulders, over the sternum, and very often on the outer aspects of the arms and legs, and commonly on the buttocks, but the grouping is exaggerated on the face and shoulders. They often itch considerably when they first appear ; it is this itching which caused Mr. Hutchinson to write a paper on what he called “*Prurigo aestivalis*,” or “*Prurigo adolescentum*.”

The prominent features of this condition were a collection of abortive pustules, occurring by preference on the face and upper extremities, and commencing usually at the age of puberty.

Are not these tendencies exactly what we find in acne ? I should have liked the words *Prurigenous acne* better. Be that as it may, we have to recognize a form of acne which does itch a great deal.

I am anxious to impress this fact, because it has been disputed whether acne does ever itch.

I will now enter into the subject of these constitutional conditions which lend a local colour to the progress of acne, and in the first instance, I should select scrofula as the most common cause of the exaggeration and pronounced of these influences. It is a peculiarity in all serofulous manifestations that the process of inflammation is slow; and as a consequence not associated with very high constitutional disturbance. We often meet with large collections of pus in the serofulous, which are almost painless, and which are not attended by any elevation of temperature. We see this in the abscesses about lymphatic glands, and it is for this reason that we use the term "cold abscess." Scrofula is again a dia-thesis which, as a rule, is developed during the period of life when the functions are the most active, that is to say, in the period of growth. We speak of senile scrofula, a well marked series of manifestations, which we meet with in advanced life. We owe Sir James Paget a tribute of gratitude for having been the first

to isolate these conditions. Now, do we not find in patients with a skin which is thick and greasy (two conditions essential for the production of acne), and who have a scrofulous tendency, the most pronounced case of what is known as Acne tuberosa ? In such cases we shall find masses of slowly progressive inflamed tissue around the sebaceous follicle, inflammation which is tedious in its progress, and most obstinate to treat, and we shall find this state most commonly at that portion of life when we most frequently meet with acne, that is, from fourteen to twenty-five. But we shall also find later on in life some cases which are precisely the same, only they are not so general in their distribution.

Syphilis lends its characteristic colour and progress to acne, and it is most important in any case of skin disease to remember this fact. The constitutional forms of skin disease when crossed with syphilis form a group, which are more difficult to diagnose and treat than any other condition of the cutaneous surface. Acne is in no way an exception; frequently you will meet with an acne patient who has contracted syphilis, and in addition

to the usual course of the disease, you will be baffled by a stain, which is left behind when the acute local disturbance has passed away. I have a gentleman under my care at the present time, who has copper coloured staining of the skin, which staining has existed now for two years.

I have some notes bearing upon the question of the influence of inherited syphilis upon the course of physiological acne, and I am disposed to believe that the influence of the disease in this form has a most important influence upon the progress of many cases of acne.

You are doubtless aware, that a disease has been described as lupoid Acne, or sebaceous Acne, and I have seen several cases where the sebaceous follicles have been raised above the surface of the skin ; these follicles have occurred in patches, which have spread from their centres, and sometimes attained great size, and caused much disfigurement. The persistence of this form of eruption, the manner in which it advances, and the rough follicular surface of the mass (it looks like the under surface of a nutmeg grater), stamp

it at once as a new growth, invading the sebaceous follicles, and being a very near relation of Lupus erythematosis and Acne rosacea.

But by far the majority of cases of acne are not associated with either of these diatheses. I have stated before in my lecture, and I must again repeat, that three factors are essential to the production of acne.

- I. A thickness and greasiness of the skin.
- II. Activity in the sebaceous and hair follicles.
- III. An abnormal state of the glandular secretions.

The thickness and greasiness of the skin indicate that we have a large development of the sebaceous glands; we find these conditions in the greater number of cases in those with dark sallow skins, but there are some fair-haired people with thick and greasy skins. Mr. Hutchinson has in his work on the "Pedigree of Disease," a work which came as a revelation to me, a paragraph on acne, as a revealing symptom, and in answer to the question—

What does acne in its various forms imply ?

he has these suggestive words :—“ We should, “ I think, have to reply that in the first “ place, it denotes original and heritable “ peculiarity in the structure of the skin ; “ next, that its common form in young per- “ sons usually implies greater or less dis- “ turbance of tone in connexion with the “ sexual system.”

But does not acne imply still more ? Do we not find in all our cases of physiological acne a laziness (if I may be allowed the expression) on the part of every secretion of the body, and an altered character in this secretion ?

These patients are often the subjects of indigestion, are, as they say, biliary; or in other words, the secreting glands of the stomach are slow in action. The feebleness of the action of the liver modifies the glyco-genic process. Are they not again constipated, and does not this constipation point to an altered state of the secretion from the intestinal mucous membrane ?

If the patients are women we find the menstrual secretion is scanty, and often much changed in character.

Again, very many of these patients complain of sexual debility manifesting itself in many degrees, at times even amounting to impotence. If we take a higher flight we shall, if we know them intimately, discover that they are slow of perception, very often unusually lazy, and intolerable sleepers ; and not a few from the want of activity in the excreting organs, glide into gout as they become older.

Let us ask ourselves one other question.

What is it that determines the introduction of acne and what its decline ?

We know as a matter of universal observation that as the sexual life of the organism approaches, the human being develops a second crop of hair on the pubis, axillæ and limbs ; and in the male sex on the cheeks, chin, and upper lip. And where this activity spends itself in the production of vigorous hair, the condition is a natural one; but where this process is spent in such situations as the cheeks, the nose, forehead, and chin, where hairs are not produced, we find acne spots appear. In women you will find the situations where the hair grows on the male sex very often occupied by acne, and in our sex

where the facial hairs are not developed from some inherited peculiarity acne may occur in the whisker regions. I am supposing in these cases that the skins are thick and greasy. There are happily many hundreds of human beings who cannot produce acne.

When once this acne is established it undergoes very many changes. If we watch our cases attentively we shall find any cause which depresses the vitality of the patient, causes the acne to become more pronounced. In women it is very common for a few acne spots to appear on the face during each menstrual period. In men excessive sexual indulgence has the same effect, and masturbation may produce precisely the same result. It is this latter fact which has induced some to attribute (without any data I should say) all cases of acne to masturbation. The changes under the lower eyelid, which we see occurring at each successive menstrual period, are due to the increased pallor of the skin of the face owing to the loss of blood, and are not in any way increased pigmentation ; it disappears too quickly for such to be the case.

The association of the advent of sexual

potency and acne has induced the laity to attribute these spots to chastity, and I have even heard this view supported by our own brethren.

But there are manifold debilitating influences other than these which foster acne spots. The exhaustion induced by study, by late hours, by bad living, by too close confinement, by want of exercise in the fresh air ; each one of these will occur to us all as being more general in their influence upon acne spots than the exhaustion induced by sexual indulgences or bad practices.

It is very interesting to note in passing how dermatologists have looked upon the causes of acne from different standpoints ; those who are disposed to view the human race from a gloomy view attribute the disease to sexual excess or masturbation, whilst the optimists attribute it to excessive chastity and over-continence.

I have one other form of acne to bring before your notice this evening, that is the second on my list. "The acne of the Climacteric period of life." I have made a separate group of these cases because they stand out

in many ways as a distinct picture. This is the story. Women who had during their age of adolescence, acne, arrive at the period of life when the menstrual function ceases, or in other words when their functions as women come to an end; and at this period of life they very often grow a crop of hair, of variable lengths, on the upper lip, or cheeks, but more commonly on the chin, and we find in those who have thick, follicular skins, a crop of acne differing neither in aetiological or pathological nature from the acne of youth. The common occurrence of this form of acne on the chin has given rise to the term "chin acne," and it produces a great deal of disfigurement, and is a common condition.

Before proceeding to the question of treatment, I will recapitulate the views which I have expressed.

I look upon acne as a disease which is due to activity in the life of a hair and sebaceous follicle, which activity in the form of the disease we are considering to-night occurs at the age of puberty, and in women at the meso-pause, that this activity is due to the evolution of hair.

That we have great difficulty in separating acne and lichen.

That acne is not by any means confined to the face, shoulders, and chest, but makes its appearance with less abundance, but still in all cases to a greater or less extent, on the trunk and limbs, especially the arms.

That for the production of acne a thick skin and great development of sebaceous glands are essential factors in its production.

That the usual adjectival denominations are unscientific.

That syphilis and scrofula influence the course of acne in very many cases.

That masturbation and menstruation may in some cases determine the advent of an acne spot, but they only act as debilitating influences and not in any special manner.

That the acne of women advanced in life is due to activity in the hair follicles of the chin, lip, and cheeks.

I am anxious to enter on the subject of treatment, with a reference to the cause, and I should like to enter my protest against the vigorous treatment of this disease as is generally advocated. Imagine what we do. We

rub into the sebaceous follicles a strong sulphur ointment or lotion with a tooth brush sometimes, and, as if to irritate a gland in a high state of inflammation, we scrub vigorously these spots with a piece of flannel and soft soap. Do we wonder that under such a line of treatment our patients pass from one consulting room to another? Such vigorous treatment may open out the orifice of the gland and let out the secretion, but sometimes it does more; it penetrates the gland, sets up inflammatory action in its interior and obliterates the gland entirely. With what result? that an area of skin lubricated by that gland becomes dry and scaly. I know of one instance of a gentleman from Devonshire who had simply obstructed sebaceous follicles on his nose, and he rubbed in from his own prescribing a strong sulphur ointment, which set up an acute erythema of his nose, obliterating a great many of the sebaceous follicles, and for a long time he had to supply this deficiency by applying grease. I watched the case for twelve months but he made no progress towards improvement.

If we think for a moment of the indications

for treatment, we shall not commit this error. In the Comedones you will improve the condition of the sebaceous gland by washing the face with a good soap and rain-water every night. Cold water is best because it stimulates the gland and makes it contract ; and in the morning let the face be gently sponged with a very mild stimulating lotion. The following recipe is a very excellent one :

R Hydrargii perchloridii gr. ii.
Tinet. Benzoin. Co 5ii.
Emulsio Amygdalæ ad 5vi. mix.

and give the patient internally a medicine with the double acids in infusion of gentian three times a day, and a claret glass of Pullna water every morning.

The selection of food is of importance. Cut out of the dietary pork and veal, and hashes and stews, pastry, and an excess of sugar. Make your patients eat wholesome bread and good butter, meat three times a day, and some good, sound, red wine, and, what is most important, plenty of salt. Ask them to stimulate their skin by cold spongings, to sleep in a pure air and oxygenate their blood, by advocating several hours a day in the fresh air.

Where your patients have a family history of scrofula or other signs denoting the malady, let them have, in addition to the above remedies, cod-liver oil. Where there is a syphilitic tendency, mercury must be used and iodide of potassium forbidden; the latter remedy will induce acne, as will bromide.

The local condition often requires very careful management. Where a sebaceous follicle is suppurating, encourage the pus-forming process by hot applications, and as soon as you are sure it is present let it out; but make a very small opening or you leave scars.

In some acne spots the collection is in a closed follicle, a blind boil as people say, and your remedy here is to puncture.

Where the inflammatory growth is heaped up around a sebaceous follicle, the following solution used by Sir Erasmus Wilson is most valuable:

R^x Sp. vini Reet. 5v.

Etheris Sulphuris 5ij. mix and add

Gum Mastichus gr. xxv. dissolve these two, then add Iodinii 3ij.

This must be painted on the papule and let

it remain on, which it will as a thin film, until the scale falls off.

It will be necessary in some instances to abolish a sebaceous follicle, which is frequently filled with pus. This can be effectually accomplished by touching the mouth with the acid nitrate of mercury of the pharmacopœia.

I should be sorry for you to leave this room with an idea that I believed acne was easily cured,—far from it. I question whether we ever cure acne in the strict sense of the word. The exciting cause runs on for some years and you cannot check it. You may safely promise your patients that they will be better in the future, and you can always do them great good by following the lines which I have laid down for treatment.

Tell your patients that the acne spot is only a danger signal, hung out in a conspicuous place so that we may see it; that this danger signal must, like other such indications, be attended to. The mischief in all specialism is that it contracts our views; it ought to enlarge them, and slowly but surely do we see the lines of demarkation between medicine and surgery being effaced. And is

it not wise this should be so? Take acne for instance. How many influences may not shape the course of this disease, and how wide must be our search into the cause before we can hope to grapple successfully with it?

I have never encouraged the introduction of high sounding names into the nomenclature of skin disease, believing as I do that much confusion has arisen from this too frequent custom, and I have endeavoured this evening, as on other occasions, to keep in view the causes of the phenomena. Imagine what chaos would arise if we were to designate any of the common objects of life with adjectival denominations.

We speak of such vegetables as potatoes without any possibility of misleading others. There may be different varieties, but the word conveys a definite significance. I wish I could say the same for skin diseases. There is probably no class of diseases less understood by medical students and practitioners than cutaneous maladies. Many causes have been the reason for this, but the great cause is, I believe, the diversity of names which have been given to these diseases by different authors.

ACNE ROSACEA.

THE various arteries of the face communicate not only with the arteries of the same side, but also with those on the opposite side, so that they form a real *rete arteriosum faciei*. This pre-eminent supply of arterial blood manifests itself in the red cheeks of the white race.

There can be little doubt that the redness of the cheeks, compared with that of the adjoining parts, is due to the filling of the capillary net from different sources, and is not the result of a thinner diaphanous coat. The connection between the nervous system and local hyperæmia is rendered here sufficiently evident by the influence of certain emotions by which the blood current may be either suddenly intensified or arrested, as seen in sudden blushing or pallor of the face.

The cutis at the apex, and also of the nose, is also unusually rich in its blood supply, and also in the number and size of the sweat ducts and sebaceous follicles, and in this position the skin is so firmly united with its cellular substratum that it cannot easily be detached from it. This solidity of its tissue explains the painful tension which accompanies inflammation of these parts. There are many other clinical phenomena which have long attracted the notice of the physician to the face; such as the colour of the cheeks in pneumonia, and in the febrile stages of phthisis. The pinched and pallid face of cholera, and its aspect in summer diarrhoea, the grouping of small-pox pustules on and around the nose all demonstrate a proclivity for this tell-tale spot.

Again we look at the nostrils in the last stage of capillary bronchitis, or the suffocative catarrh of children as an index of the amount of carbonized blood in the body, and we do not look in vain.

The permanent vascular, or rather varicose dilatation, as noticed in cardiac disease, is well worthy of observation in this region.

The rapidity with which cicatrization of the nose takes place after injuries, even after detachment of the part, is an indication of the extreme activity of the circulation in this spot.

A region which is much exposed to cold, parts with its heat in proportion as the circulation is more active; thus the circulation is very active in the pulp of the fingers and toes, the lobule of the ears, and the tip of the nose, and these parts are so readily frozen, and are the seat of chil-blains, and on the ears and nose and cheeks we usually find Erythematous lupus. And these are the situations which become cold as dissolution takes place.

What singular depth and power is shown in Shakespeare's description of Falstaff's death.

So abade me lay more clothes on his feet: I put my hand into the bed and felt them, and they were as cold as any stone; then I felt on his knees, and they were as cold as any stone, and so upward and upward, and all was cold as any stone.

I am almost tempted to give Shakespeare's word painting of Bardolph's nose. And

amongst my own friends I often speak of advanced stages of Acne Rosacea as "Bardolphian noses."

The word Acne is unquestionably derived from the Greek *ακνη* (Acne), one of its meanings being bloom or efflorescence. The eruption on the face accompanied by pimples was also called by the Greeks *Ianthos* (ianthos) *i.e.* of a violet colour. The Romans called these pimples *vari cuperosi*, which is held to be a corruption of gouthorous, or rose-like drops.

"Jolly noses" must have existed at all times, but as they did not interfere with the health, they did not claim the attention of the physician or surgeon, but afforded material for the satirist and the poets, as we find in the works of the ancients. The red nose was then, as now, ascribed either to the votaries of Venus or Bacchus. It remained for modern dermatologists to classify them. Hebra distinguished them, so to speak, into beer noses, brandy noses, wine noses, &c., a classification which is not adapted to actual experience.

Celsus, Paulus Aegineta, Actius, Femelius,

Ambrose Parè, Guido de Chauliac, Nicholas Florentinus, Daniel Turner and Lorry, have each described face eruptions, which evidently include Acne rosacea. A translation of Celsus, lib. vi. cap. v. *De varis et lenticulis, et ephelide, et corium curantioribus*, is all I will quote.

“ It is almost a folly to treat of pimples and lentils and ephelides, yet the anxiety of women concerning their beauty cannot be overcome ; of such as I have already mentioned vari and lentils are commonly known, while that species the Greeks called semion, being of a more ruddy colour, and more unequal on the surface. But the ephelides is known by few, being nothing more than a certain asperity and hardness of a bad colour. The others (pimples and ephelides) appear only on the face ; the lentils appear sometimes in other parts.”

Turner (*De Morbus Cutaneis*, London, 1721, 3rd edition), was evidently well acquainted with the disease. In the fourth chapter of his work he treats of diseases incident to the skin of the face, and he observes,—

"If I have given instructions how to abate the fiery red complexions of the face, with other breakings out that so disfigure it, I cannot think the task below the duty of a physician. It is certain (says Turner), that the redness does not always owe its origin to hard drinking; since it is sometimes observed to attend the most temperate and abstemious. However, for the most part, the constant tipplers of strong beers and wines, especially the first, are the most obnoxious to the malady."

Sir Theodore Mayem (Observationes vol. 25), in his regimen for my lord Maxwell, subject to these *exanthemata Faciei cum naso rubidine*, after taking notice that it was hereditary to the family, the brothers and sisters being subject thereunto, lays the fault chiefly in the liver.

I might quote the observations of Plumbe, Hunt, Burgess, and many other keen observers of skin affections, but without gaining any other result than great respect for their work.

I would define Acne Rosacea as a disease which is seen almost exclusively on the

nose, cheeks, chin, and brow. It will sometimes attack the scalp, but only in the bald, and I have once seen it on the sternum.

It is a disease which is found about equal in both sexes, but is never met with before the age of puberty, and seldom before 25 years of age. It occurs in women with much greater frequency at the climacteric period of life than at any other age, but it is not by any means limited to this epoch.

It is always heralded in by flushings of the regions attacked, which flushings are much increased after food, or by an injudicious diet. These flushings then run into suffused red patches, with permanent dilatation of the blood vessels; afterwards pimples form, these may go on to suppuration, and the parts then become the seat of a chronic inflammatory process. When the inflammation has continued for some time large bosses of lead coloured tissue will form, and the sebaceous follicles may, and frequently do, become involved; but they in no way form an essential part in the aetiology of Acne rosacea.

My chief object in introducing the subject this evening is to endeavour to show that the greater number of cases of Acne rosacea are associated with an irritable state of the mucous membrane, especially that of the stomach; or, in other words, that gastric catarrh is the forerunner of Acne rosacea. I should eliminate from this proposition those cases which we find as a sequel of smallpox, or any other inflammatory process which has occurred in and around the sebaceous follicles of the face. Neither do I wish it to be understood that I in any way postulate that every case of gastritis is associated with rose-coloured papules on the face; but I do wish to emphasize my belief that in all cases (excepting those just referred to) it will be found that these patients have flushings after food; and lest this statement should appear unsupported by other testimony, let me draw attention to the red faces which we see after a dinner.

To the blanching of the face in those who are sea sick.

To the pinched face of cholera.

To the abdominal face, as it is called,

which we see in wounds of the intestines, or perforation from ulcers.

These point to a sympathy between the circulation of the face and the condition of the abdominal organs, which every student knows.

Again the sympathy is evidenced in the pigmentation, which occurs in Addison's disease, which commences in the face and neck; also the yellow eyelids, which culminates in *Xanthelasma palpebrarum*, as found in those who, in common phraseology, are bilious.

The pigmented brow, or uterine chloasma of pregnant and suckling women, is another instance of distant and common sympathy.

I might point to the changes in the joints which we find occur in some cases of locomotor ataxy, to the ulceration of fingers, which takes place in divisions of nerves, as illustrations of the same law.

No doubt it is through the nervous system that this sympathy is made evident. One of the chief offices of the nervous system is to control and regulate the vascular system, and in no part of the body is the capillary system

more liable to be influenced by disturbed nerve force than is the face.

Again, it appears that there is a quicker sensibility in the face; in fact, the stimulant that attracts the blood to this part does not act with the same force elsewhere; for instance, a blow upon the ear will redden the cheeks more than a similar blow elsewhere.

The blood is withdrawn from the capillary system of the face with the same rapidity as it flows to it. In the space of a moment passions will alternately impress upon the features, either the fiery complexion of fever, or the pallor of syncope. This applies especially to the young. The aged blush not easily.

We must also notice the singular proneness which some forms of skin diseases have to appear on the face. With few exceptions, we may say acne rosacea, lupus erythematosis, rodent ulcer, sycosis, and the other lupoid process have to appear on the face. I am not stating this as an absolute truism, in fact, I may say I have seen every skin disease appear on the face, excepting chloasma and itch. Doubtless this proclivity is due in

a great measure to structural peculiarities, but more especially to the sources of irritation which influence so much the location of all skin diseases. In the male the use of the razor, and in all the influence of wind, sun, soap, hard water and dirt, have to be recognized as factors in determining the seat of any disease of the skin.

I should like to include in my description of acne rosacea, other conditions which have been described under a multiplicity of names. I refer to the cases where the skin of the bridge of the nose, and over the molar bones often becomes the seat of an acute erythema, often vesicular, and always fugitive, leaving behind traces of its visit, such as increased density of the subcutaneous tissue. Other cases occur where the redness attacks an area of skin in other portions of the face. It comes when the sufferer is out of health : it occurs on exposure to certain forms of irritation. It is surprising how terribly sensitive the skin of the face becomes in some individuals. I know a lady whose face is brought out into a copious vesicular rash, whenever she is exposed to the day-

light; others get degrees of inflammation on a repetition of the exciting cause.

I have for some time past been directing my attention to the very close relationship which exists between acne rosacea and lupus erythematosis. We find both conditions occurring after the age of puberty, attacking as a rule, the same regions, and that these resist with parallel obstinacy our endeavours to cure them. I must also mention the proneness to relapses, which spread over some years in these diseases. I have now under observation cases of erythematous lupus, and also of acne rosacea (without organization of tissue), which have been apparently quite well, but which have come back to me with the malady returned.

Again you will find these cases of lupus are like rose acne, intensified by an irritable state of the digestive organs, also by the effects of sun, wind, or soap, and they are worse always after eating.

In some of my cases I have not been able to distinguish by any outward signs the difference between the two conditions. I am aware of the care with which we recognize

erythematous lupus, when the disease is pronounced by its well defined edge, its colour, and its adherent scale. But our difficulty exists at the commencement of the two diseases, and I should be disposed to classify this form of lupus with the inflammatory skin diseases, and not as a new growth.

I may be permitted to introduce a piece of personal pathology to indicate my theory. I get at intervals a condition of health which has the following train of symptoms. A succession of chills across my shoulders and up my spine, a slight frontal headache, a feeling of depression, and a slightly yellow skin ; this continues for two or three days ; then a patch of herpes comes out at the angle of my mouth. The patch comes in precisely the same spot each time. I introduce this to show that tissue once damaged by inflammation is prone to re-inflame when the exciting cause again arises. We see many instances in both medicine and surgery, which illustrate the same law, but in the dominion of cutaneous diseases we find our best examples, and there we can the most readily watch them. The local forms of eczema,

notably about the wrist, occur over and over again in precisely the same spots. Many patients will tell us that *herpes preputialis* attacks them in the same situation each time. The forms of relapsing chancre, the revivifying of old syphilitic and inflammation are parallel examples. I might illustrate the tendency by showing how gout and rheumatism attack the same joint at intervals. Sir James Paget has given us instances in his own personal experience of the same observation, and Mr. Hutchinson has the following pregnant words in his last work :—“ We “ need not feel much difficulty in interpreting “ the phenomena which we witness in recur- “ ring erysipelas and persistent elephantiasis. “ They are doubtless examples of the patho- “ logical power of habit and indulgence. Just “ as a man who has yielded to intemperance “ is in danger of becoming a drunkard, so it “ is with his tissues. The oftener they have “ yielded to any special process of inflamma- “ tion the more prone are they to yield “ again.”

I have introduced this digression to bring me to its application to acne rosacea. If we

watch attentively the victims of this malady, we shall notice that precisely the same spots become inflamed over and over again, until the intervals between the attacks grow less and less, and the disease becomes permanent.

It is an error to describe acne rosacea as a papular disease, as much as it is to designate it a pustular eruption. We meet with instances which in some skins are eczematous, and we rarely meet with it in individuals who have not other evidence of an unstable skin. Only last week I saw a young lady with the following history :—

“ Her grandfather had eczema of the arms,
“ her father and brother had chloasma,
“ another brother has, at the present time,
“ vivid coloured papules on the nose and
“ cheeks with conspicuously dilated blood
“ vessels at the alæ of the nose. Another
“ brother has *lichen planus* on the right arm.
“ My patient tells me she had an exception-
“ ally thin skin at birth ; at two years of
“ age she had an eruption on her neck, which
“ was called erythema. Soon afterwards a
“ peculiar hardness of the skin of the hands
“ commenced, which has continued ever since.

“ This condition is worse in the winter than
“ it is in the summer. She scarcely ever
“ sweats, and she is liable to colds and coughs.
“ She had erythema of the legs at eighteen,
“ and was unable to walk for three weeks.
“ For the last four years she has had an
“ eruption of the face, which is worse after
“ food.”

I will not detain the Society with my notes, but I briefly state that she had common psoriasis spots on the elbows and knees. Her soles and palms were covered by a hard dense mass of hypertrophied papillæ; and where the pressure was greatest these papillæ formed a close homogeneous mass, which she kept down by rubbing with pumice stone. She had typical rose-coloured spots on her face.

I introduce this case to show that acne rosacea is frequently associated with other skin diseases.

Personally, I object, whenever practicable, to the elaboration of definitions, believing as I do that the hard and fast lines which have been introduced into the nomenclature of skin diseases, have made a subject, which of all others ought to be as clear as noonday,

singularly embarrassing and confusing. But for the purposes of description, I would distribute all the cases of acne rosacea into the following classes :—

I. Those cases which we might conveniently call congestive acne rosacea, which generally commence by reddish patches especially occupying limited spaces on the cheeks, the forehead, and the sides of the nose, whence the redness in some cases spreads over the whole face, and even to the ears, the shoulders and the chest, appearing usually in an unsymmetrical manner. The red patches appear at first, for some moments only, generally during, or after dinner, and towards evening rather than in the morning, being more evident in very hot rooms. The redness in the first instance is very fugitive, but afterwards becomes deeper in colour and more lasting, and is not uncommonly followed by desquamation.

A precisely similar condition is met with amongst huntsmen, gamekeepers, farm labourers, and others who live much in the open air, but it is only found in those who have thin skins.

II. Those cases where in addition to the congested state of the integument, papules develop, which in the first instance are not red ; but afterwards they become vividly so, and sometimes they suppurate at their apices. These spots come out in successive crops, and in women are more marked about the menstrual period, and are intensified in colour by improper food or hot drinks. I should include in this group all the cases of relapsing erythema, and so-called relapsing erysipelas, because I believe these are only degrees of the same proclivity.

III. "The jolly or bottle noses" as they are called, *i.e.*, those cases where in addition to the varicose condition of vessels and papules, we find at times enormous hypertrophy of the cellular tissue, giving rise to the most grotesque disfigurements. A careful examination of these cases will enable us to see the whole glandular system is involved. The sebaceous glands are in every stage of inflammation. The blood vessels stand out in bold relief. This state in no way differs from elephantiasis of the legs, which we see in the wake of varicose ulcers.

I should like to include a fourth variety which is common in women at the climacteric period of life. It has been noticed from the time of Shakespeare, that old women grow beards, and it is a well-known fact, that gradually, as menstruation ceases, women often become fat, and many of them grow a crop of hair on their upper lip,* but chiefly on the chin, and it is in this physiological activity in the hair follicles (which in many instances, especially in those who had the acne of youth), that the process transgresses the boundaries of health, and we have papules developed un-sightly which are most obstinate to cure.

This condition, more accurately speaking, should not be classified with acne rosacea, but rather with the acne of puberty, but in so many instances I have not been able to find the spots were in any sense umbilicated, that I have placed it with the disease which we are considering this evening.

I by no means wish it to be understood that different degrees of acne rosacea have a distinct line of demarcation. Nature does

* This condition is also alluded to in my Lecture on
“ Physiological acne.”

not draw for us clear lines, especially in dermatology, rather do we find the diseases shade into each other gradually.

I must say in treating any case of acne rosacea, how essential it always is to estimate any superadded influence, such as syphilis, scrofula, or gout; each will give a local colour to the disease, and embarrass a great deal both our diagnosis and our treatment.

A few words respecting the *Etiology* and *Pathology* of acne rosacea. It appears clear that any portion of the body which is the subject of repeated congestion, will eventually be the seat of inflammatory action, and in this disease we have a good illustration of the law.

We must believe there are some skins which will not, under any circumstances, take on a diseased condition; but given a cutaneous area with an inherited tendency to become inflamed under provocation, which tendency is most often found in the face, because of its pre-eminent blood supply, and its close sympathy with the digestive process; which association is conveyed from the solar plexus up the great splanchnic nerves

to the lower middle and upper cervical ganglia to the nerves of the face, become congested in cases of difficult digestion. This exaltation tends to a temporary congestion of the blood vessels: the congestion becomes stasis, the papillæ becoming congested and afterwards inflamed. Sometimes suppuration alters the nutrition of the portion of the skin which it governs, so that the surrounding tissues become inflamed and eventually hypertrophied. The inflammation and new growths select those situations which are the richest in blood supply and glands, *i.e.*, the alæ nasi, the cheeks and the chin. The arrangement of the papillæ in excess around the hair follicles accounts for the frequency with which we find follicular acne associated with acne rosacea.

A few words also as to the influence of alcohol upon acne rosacea. That alcohol does produce in some skins all the degrees of acne rosacea is undoubtedly true, but to associate all cases of the disease with excessive drinking is unscientific and unfair. I know very many most rigidly careful people afflicted with the malady, and the popular

name for these red spots being "grog blossoms," in no way diminishes their suffering.

The treatment may be summed up in a few sentences. It is essential that all those who are afflicted with acne rosacea should abstain from all food which is difficult to digest, such as pork, veal, hashes, stews, and uncooked vegetables, and as a general rule wine, beer, and spirits. The face should not be irritated by common soap, and care should be exercised as regards exposure to the wind and sun. The meals should be slowly eaten at regular hours, and fluid put into the stomach at the end of the meal.

In the first degree of the disease it will only be necessary to prevent the development of the papules by applying a lotion made with bismuth and the glycerine of starch of the Pharmacopœia, diminishing the starch by three fourths.

Where the papules are developed nothing answers so well as a lotion made with two grains of the bisulphuret of mercury in one ounce of almond emulsion or glycerine of starch, used every night.

Where the inflammation is acute and suppuration is going on, we must, in the first instance, foment the face with hot water (placing a hot sponge over any troublesome spot is a simple and useful plan), when the acuteness of the inflammation has subsided, rub in an ointment made with 20 grains of the yellow oxide of mercury in 1oz. of lard, and continue this treatment until the inflammatory process has stopped, after which the bismuth and starch lotion answer well.

Internally I always rely upon a mixture made with an alkaline carbonate; soda I think is best; if there is much inflammatory thickening I add the solution of per chloride of mercury, or if there be a syphilitic tendency to grapple with, I add the Donovan's solution, if scrofula, cod liver oil, but internal and external remedies are useless, where organization of tissue has taken place. I have never seen an operation performed upon the advanced cases of Acne rosacea.

This brings me to the conclusion of my lectures. I had some misgivings when I

commenced the study as to the most simple manner combined with clinical accuracy, in which I could treat this subject of Acne. Had I followed my own inclination, I should have introduced my remarks under the denomination of folliculitis, and I should have embraced many maladies which may at the first glance appear to be in no way akin. I allude to Lichen, many forms of Eczema and non-parasitic Sycosis: this would have eliminated acne rosacea. Had I done so the matter was so extensive that I should have delayed you too long, but very great advantages would have followed. It is embarrassing to draw a distinction between diseases of the hair follicles and diseases of the sebaceous glands: and it would clear the ground immensely if we were to be bold and abolish much of the nomenclature which cumbers so markedly this subject. All skin diseases might with advantage be divided into eight classes.

I. Those due to atrophy of the skin,
such as many forms of baldness
and greyness.

II. Those due to hypertrophy, such as

all the forms of mother's marks, nævi, corns, and elephantiasis.

III. Those due to congestion, or stasis of the blood in the skin, such as the first stage of acne rosacea, or chilblains when not ulcerated.

IV. Those due to inflammation of the skin, such as chilblains, when there is destruction of tissue, or eczema, or Pityriasis rubra, and all the constitutional forms of cutaneous diseases.

V. Those due to a new growth, such as Lupus, rodent ulcer, or cancer.

VI. Those due to nervous disturbances, such as Herpes or Morphea.

VII. Those due to an abnormal state of the glandular structures of the skin, such as Acne or Lichen.

VIII. Those due to the invasion of the body by an animal or vegetable parasite, such as Prurigo, from lice, or the various forms of ring-worm, Favus, or parasitic Sycosis.

Taking these as the basis for classification,

you would find a great assistance in your work; and what is quite as important, aid in guiding you as to treatment.

I should detain you much too long if I were to glance at the adaptation of these simple divisions. They have assisted me materially in my study of dermatology.

Bear with me please, until I go a step further, and tell you how I apply these rules to treatment.

Where the skin is anaemic I give iron, I increase the quantity of food, and I advocate fresh air.

Where the skin is too full of blood, I purge and diminish the quantity of food.

Where there is local congestion I remove the cause of that congestion, and I rest the skin: thus in the erythematous group I cover the skin with a dusting powder, and I remove any source of irritation.

Where inflammatory action has arisen, and if that inflammation is unilateral, I rely on the ordinary means of subduing that inflammation, and if possible I use absorbent remedies, such as mercury, to dissolve fresh inflammatory growth.

Where a new growth exists, as in Lupus, I use the knife, the actual cautery or escharotics.

In the sixth variety I leave the skin alone, knowing that time will remedy the evil. An exception occurs in Urticaria; in such cases you must find out the cause, which is always food, and abolish the condition by remedying that food.

Those due to an abnormal state of the glandular system I have discussed at full length.

Lastly, all the parasitic diseases must be healed by remedies strong enough to destroy such parasites: *i.e.*, such drugs as carbolic acid or mercury.

The constitutional forms of skin disease, such as Psoriasis, or, in other words, all those maladies which occur on both sides of the body, which are prone to relapse, which are inherited, and which do not interfere with the general health, require arsenic, given internally, and the tar preparations externally.

Syphilis again will play its part, and must be met by appropriate remedies, as also must scrofula or gout.

LICHEN.

THE Fathers of our art used the word lichen to denote a circular blotch of eruption, which looked to them like a wafer stuck on by licking its surface as we do a label. The botanist has borrowed the word from us and applied it to the moss varieties of plant life. And if we care to trace the history of the word down from Hippocrates to our own time, we shall be surprised to find how many different maladies have been classified as lichen. Sir Erasmus Wilson, to whose labours as a dermatologist, not less than to his large generosity to our profession, we owe a debt of deep gratitude, made use of the following sentence in his lectures given in the year 1871 at the Royal College of Surgeons. Sir Erasmus had been dwelling upon the confusion which had arisen from the number of

instructors in the world of cutaneous medicine, when he suddenly broke off and said, "I ask you to forego all human teachers, and come to this college to learn from the face of nature herself;" and he goes on to say, "we will not alarm you with classification, we will only refresh your memory as to the early rudiments of medicine." Such a lesson from such a master gives me courage, and I will follow his high example to the best of my powers in discussing lichen.

I remember Sir William Gull once saying to his class in Guy's Hospital, "The best book in medicine is to be found in the wards of Guy's Hospital. There are as many pages as there are patients, and there is not a lie on any one of the pages."

I said in my lecture on acne that I was met at the entrance to my subject with the difficulty which I experienced, in actual practice, in discriminating acne from lichen. I drew attention to the intimacy which exists between the hair follicles and the sebaceous sacs, and I ventured to observe that it was only by grasping this difficulty that we could hope to gain an accurate and useful know-

ledge of either disease. I repeat the observation with renewed emphasis to-night.

By a lichen spot I mean an altered condition of a hair follicle, and by the simple word I mean a papule which rises up from the surface of the skin, which neither becomes vesicular or pustular; it may become scaly.

We will ask ourselves what is it which influences the growth of hair, and the answer we shall receive will be, the commencement of the respiratory function in a child, the irritation of the clothing, the advent of puberty, and the constitutional tendency of the individual; and we must add the influence of external causes, such as dust, sun, soap, special callings, or the low forms of plant life.

The first form of lichen to which I will call your attention is known as *strophulus* or red-gum, or tooth-rash. It is a condition very common during the first few months of a child's life, and is recognized by a number of minute red spots, which are more abundant on the face than elsewhere, which attack every portion of the body excepting the palms and soles. The mode of production

of these spots has been pointed out by Von Bärensprung, who suggests that the hair follicles become distended with their contents, which congeal and occlude the neck of the minute hair follicles.

The spots sometimes converge, when the condition has been designated *strophulus confertus*; on the other hand *strophulus intertinctus* is used to indicate an isolated condition of each spot.

These spots usually fade and disappear in about three weeks, and require nothing more than the application of a dusting powder made with equal parts of bismuth, starch, and oxide of zinc.

Sometimes, however, the irritation is excessive, and where an eczematous proclivity exists, the malady passes into an eczema; in point of fact, many of the cases of infantile eczema owe their parentage to activity in the hair follicles. This is why the forms of this disease met with in children do not keep relapsing, as we find occurs with such constant persistency in adult life. The cause of the disease being the physiological growth of hair, when that process comes to an end the

exciting cause is removed and the disease ceases.

The association of the lichenous and eczematous process has given rise to the use of the compound word lichen-eczema.

In other cases where the skin is pruriginous, this growth of hair gives rise to the most riotous scratching, which produces blood crusts, linear markings of the nails, and great torment to the child; and in very many instances the papules become urticarious. These are the cases which have been called lichen-prurigo, or lichen-urticatus. M. Hardy designated them pruriginous strophulus, which indicates that he recognized the cause of the condition.

About the age of puberty we shall meet with another group of cases of lichen; it is at this age that the whole hair system takes a rapid stride. The outer aspects of the limbs, and certain regions of the face, grow at this epoch fine hairs, and where the cutaneous area is in harmony with this growth the process goes on without any disturbance of

* I have treated this disease at length in my lecture on prurigo.

function, but where the hairs experience a difficulty in making their exit from the mouth of the sac, we have a morbid condition which we are called upon to treat. The most common cause of this want of physiological balance is a scrofulous diathesis; a diathesis where the hair, the teeth, the skin, the nails, and the mucous membranes are pitched in a low key, or as the histologist would phrase it, the epithelial structures are too exuberant. Now what is the effect of this epithelial increase? Why, the mouths of the hair follicles are choked, and the hairs are imprisoned, and often absent. We find on stripping these patients a thick, harsh skin, which feels rough to the touch, and has scattered over the outer aspects of the limbs a number of flattened papules, flattened from side to side, which are colourless, scaly at their bases, and each one, if examined minutely, will be found to have a depression at its summit, thus proving it to be a bloated follicle. These are the patients who come from a scrofulous race; they are worse in cold weather than hot, and they complain of not sweating.

These cases are known as *lichen scrofulosus*.

They improve markedly under the influence of cod-liver oil, nitric acid, and quinine, and an inunction with a cream made with equal parts of lime water, nut oil, and glycerine, but they are never absolutely cured.

A class of case which is well indicated by the following notes has been described by dermatologists under the appropriate name of *lichen circumscripitus* :—

J. N., æt. 21, has on his trunk, both back and front, in his axillæ, between his scrotum and thigh, and amongst his pubic hairs, circular patches varying in size from a sixpence to the top of a tea-cup; each patch has a well-defined margin. The surface is dotted with red papules, pointed, not pustular, vesicular or scaly, and out of some of these papules hairs are growing. He complained a good deal of the itching. He had a distinctly scrofulous family history, and his scalp was covered with epidermic scales.

A precisely similar eruption is met with between the scrotum and the thigh, and what certainly is curious, very often in this spot alone. The patch of eruption is well defined, the surface is brick red in colour, and

the exact adaptation of the two parts is a most marked feature in these cases. The surface does not weep like an eczema and the irritation is most troublesome.

I should feel disposed to group all these cases as parasitic lichen. The disease spreads so markedly from a centre to a circumference, it involves so clearly the hair follicles, it yields so rapidly to a lotion made with 1 dram of carbolic acid, 12 grains of perchloride of mercury, 2 drams of borax, 12 ounces of spirits of wine, and 12 ounces of distilled water, that I cannot believe it has any relation to the other constitutional skin diseases, and in point of fact many of these cases are not distinguishable from common ringworm. I am aware of the statement that ringworm has an eczematous edge, that it is healed in the centre, and that it does not occur simultaneously on both sides of the body. But I venture to assert with a good deal of confidence that very many undoubted cases of ringworm do not have vesicular edges, that they have not centres of sound skin, and I have many notes of cases where the disease has appeared as a pretty general

eruption, just as we sometimes see molluscum contagiosum all over the body.

I cannot leave this part of my subject without alluding to a series of cases of which I have notes, cases where the hair follicles on the arms and legs have become inflamed and suppurating, cases which I have been in the habit of calling sycosis of the limbs. I simply allude to these *en passant* because they are inflamed hair sacs, due probably to some sources of irritation, and in the greater number of my cases I have been able to detect the mycelium and sporules of the Tineæ.

A group of cases which have their type in the following illustration, will baffle our diagnostic acumen, unless we bear in mind the fact that hair follicles may be invaded by cryptogamic life on any region of the body.

J. G. a groom, æt. 24, came to St. John's Hospital on July 2, 1883. He complained of an irritable eruption in his arms. His family history was free from any skin disease. The eruption in the skin had existed for about nine months.

On inspection I found he had on the outer aspect of both arms, but only as far as his

elbows, an eruption which consisted of an area of inflamed and thickened skin. A careful examination revealed in this area a number of pimples, some of which consisted of inflamed tissue with a dark centre. Others had their tops scratched off, and were scabbed, whilst a third variety consisted of an island of pus, with the hair shaft springing out of the centre like a tree. The eruption was present to a slight degree on the backs of his hands.

The other part of his body was free from any skin disease.

A microscopical examination showed distinctly garlands of spores, living in and around the hairs like hops on a pole.

I may add that an ointment composed of sulphur, iodine, carbolic acid and lard, effected a rapid cure.

Lichen Ruber. Hebra, Wilson, Hutchinson, Hillier, Duhring and Tilbury Fox have written on this interesting malady, and it has received a variety of names. When I first became acquainted with the disease whilst attending Mr. Hutchinson's class at the Stamford street hospital for diseases of the skin, we were accustomed to recognise a

form of psoriasis, which was not, as a rule, extensive in its distribution, which began as a flattened papule, and which did not scratch with the spermaceti surface of true psoriasis. Mr. Hutchinson had then, as he calls to mind in his lectures on skin diseases, three names for this condition, "smooth psoriasis," "papillary psoriasis," and "lichen psoriasis."

Sir Erasmus Wilson described the malady as lichen planus. Obviously the subject is beset with some obscurity, and when I first investigated the subject I was met with great difficulty in selecting from psoriasis on the one hand and eczema on the other, the cases which I could relegate to my note book under the heading Lichen ruber.

It will bring more vividly before our notice the aspect of this disease, if I read the notes of a case which was in every way typical of the disease.

J. C., 42 years of age, was under my care at St. John's Hospital for some months. He came first on August 1st, 1882. He complained of an eruption which was very irritable, which had continued for about eighteen months, and which had gone on increasing.

His father had scurvy of his legs, which used to weep (eczema). He had been much troubled with indigestion, and had a red and inflamed great toe (gout).

Inspection.—He was a dark type of man, with grey hair, worn down teeth, nails which were brittle. He had on each side of the cleft of his nates an eruption, which was exactly occupying the same spot on either side. The eruption, at first, looked scaly, but one could not scratch it into silvery flakes like true psoriasis. The patch was not of uniform colour, some portions of the surface being as dark, and resembling closely sheep's liver, whilst other parts were lighter, and like brick red. The whole surface was rough, and had raised papules. There were some clefts on the surface, which corresponded with the natural folds of the skin.

The edge of the area of eruption was fairly margined, but a few of the angular shaped papules with a hair in the centre could be seen in the neighbourhood of the edge.

He had not any eruption elsewhere.

On the inside of his cheeks, especially on the right side, were some small white spots,

and in some situations these had run into each other, and formed white streaks. I dictated at the time the following remarks :—

The eruption is not like an eczema, because it has not wept at any stage of its career. It is not like a true psoriasis, because I cannot scratch up scales which look like spermaceti. It evidently consists of the aggregation of solid, raised, unchangeable papules, which have been matted together by an inflammation of the skin between them. These papules are obviously aborted hair follicles, as each one can be seen at its apex, either to have a puny hair peeping from its summit, or else the summit is occupied by a depressed and dark centre.

I might multiply this case by many others. I have the notes of a great many cases before me now, and should sum up the peculiarities of this off-shoot of lichen in the following postulates :—

- I. The disease is associated with a bloated hair follicle.
- II. Its situation is determined by some obstruction to the growth of the hair, such as the flexures of the

joints, under the breasts, the waist, or where there is any constriction.

III. All the cases occur with more or less symmetry.

IV. They consist in the first instance of angular raised papules, which coalesce.

V. They do not become eczematous or scaly.

VI. They are always associated with white spots, or white lines in the mucous membrane of the mouth or tongue.

I have not seen any case where the whole cutaneous area has been involved; such as are represented in the atlas of skin diseases, published by the late Tilbury Fox (fig. xiv.), or such as are described by Wilson, Hillier and others.

There can be no doubt that Lichen ruber is a branch of the constitutional skin diseases, and illustrates the well recognized law that the effects of an irritation can in no way be a guide as to the irritant. Cold water will cause an eczema in some skins, and, given a proclivity towards a skin disease,

the exciting cause need only be prolonged and the manifestation occurs.

Any paper on Lichen would be incomplete without a reference to the part which syphilis plays in the process. The syphilitic skin eruption very commonly assumes a lichenous type, and often it is a very general and conspicuous eruption, almost every hair follicle on the trunk and limbs stands out in bold relief, and the papules are of curiously regular size ; sometimes a few will become exaggerated. The appearance on the skin is very much like a strawberry.

In other cases the eruption will arrange itself in rings, when it is known as *Lichen syphiliticus annulatus*.

In the later stages of syphilis the hair follicles sometimes become much increased in size by the irritation of the syphilitic virus : when this occurs it presents a series of groups of lichen spots, arranged like bunches of grapes ; to this condition the epithet *lichen syphiliticus corymbosus* has been attached.

I will now pass on to the part of my subject, which has for me a personal interest, and as I believe very great use often comes

from an accurate observation of our own illnesses, I will ask you to pardon a piece of personal experience.

I come from a family, which is in no way disposed to any form of skin disease. My skin is not influenced by fleas or other animals to an unusual degree.

In the year 1875 I was staying at Yarmouth, and went for a bathe on a beautiful August day. I stayed in the sea about twenty minutes, and did not experience any thing unusual until four hours afterwards, when my skin began to prickle, in a manner which gave one the idea of a constant succession of small stabs by a piece of gorse, and the irritation was quite irresistible.

On stripping, I found every part of my body, except the soles of my feet, absolutely spattered with vividly red pimples. But those portions of my body, which, in the usual course of my life were exposed to the sun's rays, were unaffected. The line of demarcation on my neck was abrupt, and on the forehead, where my hat protected me, there were my tormenting spots.

Where the hair grew abundantly I was free from the rash.

My skin felt thickened and inelastic, and in the course of four days, with no other treatment than washing with Wilson's tar soap, I was quite well.

I always gained relief by stripping. The friction of my clothes irritated me terribly.

I may add that, to be perfectly certain my eruption was due to the sun's rays, I took a series of sea baths indoors without any inconvenience.

Such cases as my own are known as lichen tropicus, acute lichen, or prickly heat.

In the Torrid zone the disease is much intensified, and has called forth articles from Dr. Winterbotham, Hillary, Bontius, Clark, Morley and others; but Dr. Johnson in a Treatise "On the effects of Tropical climates on European constitutions," writes with so much force, that I am tempted to quote him at length.

" Among the primary effects of a hot climate (for it can hardly be called a disease), " we may notice prickly heat, a very trouble-
" some visitor, which few Europeans escape.

“ This is one of the miseries of a tropical
“ climate and a most unmanageable one it is.
“ From mosquitoes, cockroaches, ants, and
“ numerous other tribes of predators on
“ our personal property, we have some de-
“ fence by night, and in general a respite by
“ day ; but this unwelcome guest assails us
“ at all, and particularly the most unreason-
“ able hours. Many a time have I been
“ forced to spring from table, and abandon
“ the repast, which I had scarcely touched,
“ to walk about in the open air, for a quarter
“ of an hour ; and often have I returned to
“ the charge with no better success against
“ my ignoble opponent. The night affords
“ no asylum. For some weeks after arriving
“ in India, I seldom could obtain more than
“ an hour's sleep at one time, before I was
“ compelled to quit my couch, with no small
“ precipitation, and if there were any
“ water at hand, to sluice it over me, for
“ the purpose of allaying the inexpressible
“ irritation. The sensations arising from
“ prickly heat are perfectly indescribable,
“ being compounded of pricking, itching,
“ tingling, and many other feelings, for

" which I have no appropriate appellation."

I believe many sources of irritation other than the rays of the sun will induce an attack of acute lichen. I have known common soap, the use of powders for the complexion, face washes, the wearing of coloured garments next to the skin, coarse flannels, and many other irritants bring out a copious crop of this tormenting malady.

Violent exercise. Some drugs such as the iodides and balsams will produce it, also articles of diet, and in some organisms violent emotions will do the same. What is certainly very curious, I cannot remember cold winds ever producing a true lichen eruption.

During a very hot summer in London, we see very many children who come out in a copious rash, which is indistinguishable from scarlet fever (the eruption of which is really of a lichenous type), and very many of these children are constitutionally ill, but if we look carefully into their mouths, we shall find the follicles on the tongue and the mucous membrane conspicuous and white. There is a characteristic

puffiness of the lower eyelids, and some irritation of skin. If we bear these facts in mind, and remember the throat is not involved, we shall avoid sending these children to fever hospitals, or alarming a neighbourhood by making an error in our diagnosis.

These lichen spots, in some instances, have an erythematous base, when they may readily be mistaken for measles.

PRURIGO.

I CANNOT help thinking that every intelligent member of our profession must at times have been sorely puzzled as to what significance he could attach to the substantive word prurigo.

I find on a search into the literature of the subject that the word has been applied to the most variable conditions of the cutaneous surface. At one period we find almost any skin disease which itched was designated prurigo. Later on (I allude to the time of Willan and Bateman) when a new era in dermatology commenced, we find all the varieties of lichen figuring in their atlas of skin diseases as prurigo with a fanciful adjective stuck on. Thus we find in their atlas, plate VI. -

Fig. i. Prurigo mitis.

Figs. ii. & iii. Prurigo formicans and prurigo senilis.

Fig. iv. Representing an insect which was found in the skin of an old man affected with prurigo senilis— which is probably a hair in its follicle.

Again, it would appear that even Hebra selected a number of scratched skins, scratched to an intense degree of thickening, and sketched them with his masterly hand, designating these cases, and these alone, prurigo.

It was this graphic description which brought into the field Mr. Hutchinson, who has written a most suggestive and interesting article on Hebra's Prurigo, in his work on clinical surgery.

On tracing my own ideas of prurigo which I carried away from student's days, I am obliged to confess the image which I then had of the disease has slowly, but surely become obscured, then obliterated, until I find myself doubting the very existence of a malady which I was once examined in, and doubtless described with more or less minuteness, and which is still asserted by many to be a clinical entity as much as cholera, or psoriasis.

It will be best, I think, to relate with some

detail three cases of skin disease, each differing in most important details, each having its own phenomena, history, and termination, and each fitting into descriptions of prurigo as delineated by dermatologists.

The history of my first case is written by my patient, a most intelligent Austrian, and I will give you his own words :—

J. T., aged 38 years. “ I was born at Trieste. The first symptoms of irritation were apparent on the calf of my right leg in the year 1875, but as they were but slight and passed away again quickly by change of air, little notice was taken of them. The next sign took place in the spring of 1876, on the backs of both hands, which, however, was also easily disposed of by the application of carbolic acid and glycerine. The following year, 1877. I was vaccinated, and about three months afterwards (I should say about April) I had the first serious signs of an eruption on my face and ears, and it was at this time that I first became aware of the name of my complaint, namely eczema, a word which up to that time I had never heard. In the latter part

“ of the same year my legs and feet were
“ attacked, and gradually it spread to other
“ parts of my body. While this disease was
“ in progress I had another ailment to contend
“ with, viz., abscesses in various parts of my
“ body, on my eyelids, thighs, and buttocks,
“ &c. The nails were also attacked, and in a
“ most peculiar manner ; first came a burning
“ sensation round the base of the nail, accom-
“ panied with an eruption of a yellow thin
“ fluid ; shortly afterwards the nail, in growing
“ up, showed on the spot where the burning
“ was most intense one or more small holes.
“ The nails grew up, but have never since been
“ of the same shape or colour as before their
“ attack.”

“ At the commencement of the attack
“ the skin wept ; but about two years after-
“ wards the whole surface began to sweat,
“ and this sweating is at times so severe that
“ I am obliged to change my linen two and
“ three times a day, and also at night. My
“ hands and feet are very painful with large
“ cracks, which heal up at times very quickly,
“ and as quickly re-appear again without any
“ apparent cause.”

“ I have gradually lost my hair on the surface of the body, and partially on my face and scalp. I may also add that when I have had a severe fit of sweating I am very cold. Sleep at night is more the exception than the rule, and though I eat heartily I lose flesh. My father and mother died of cholera when I was an infant. I am without brothers or sisters.”

“ When a child I suffered much from eruptions on my face, and the skin on the backs of my hands has always been very coarse.”

I have several notes about this most interesting case, but I will not trouble the Society with more than the last, which were made on May 14th of this year. They are as follows:—

“ He complains of a continual sweating and irritation of the skin, especially is it irritable when his skin is dry. He is losing flesh. His urine is creamy (it was alkaline and loaded with amorphous phosphates). The skin is decidedly better now than it was in the winter, but he is worse when the weather is extreme. After he has been sweating he feels chilly. He has a slight cough.”

“On taking off his garments his shirt was
“distinctly wet with sweat, although he had
“changed it twice during the day.”

“His skin is of a salmon-red colour, and
“there is a smell of decomposing matter, like
“a horse’s hoof, about him.”

“I can roll up masses of epidermis like one
“sees in such situations as the sole of the
“foot or between the toes.”

“He has under his skin, especially where
“he says it itches the most, *i.e.*, between his
“shoulders and on the front of the sternum,
“masses about the size of peas, only flattened,
“which are movable and white. The limbs
“are hairless.”

“He has great enlargement of the parotid,
“cervical, axillary, inter-costal, and inguinal
“glands. These glands are dense, painless,
“and look like potatoes under the skin. The
“natural depressions and elevations of the
“skin are much exaggerated. This condition
“is most intensified on his hands, knees, and
“elbows.”

“The nails are black, lustreless, and deeply
“furrowed.”

“He has deep rhagades of his hands.”

“ He has ectropium of his lower eyelids.”
“ His skin is not in the least scaly, neither
does it weep like eczema.”
“ When he stands in my room he keeps
shivering and scratching himself.”

Can we doubt this is a case of eczema ?

Let me pass on to another case.

W. R. G., æt. 45, is without any known inherited tendency to skin disease. He is subject to attacks of spasmodic asthma.

Three years ago he had skin disease on the flexors of elbows and knees. This was cured, but returned eight months ago.

Inspection.—His trunk is free from any diseased conditions. On both his arms, but only on the outer side, he has a mixed rash composed of scratched papulae, lichen spots, hypertrophied skin structures, and pigment. The hypertrophy is most marked at the bend of the elbow.

A similar but much exaggerated condition affects both his legs.

There are very few hairs on the posterior, anterior, or external surfaces of legs, and in these positions the hairs can be seen in some instances broken off short; in others just

peeping from their follicles, whilst other follicles are closed.

He has a good crop of hair on his sternum, pubis, and axillæ, also on his scalp and face, and where the hair grows he has neither itching or eruption. He has slight adenitis of his inguinal glands.

I take these two cases as illustrating the group which Hebra described as prurigo ; the first one, who is curiously an Austrian, fits exactly into his description. The malady seems to have grown up with him, has gone on increasing in severity, is worse in cold weather, when his skin is not pleasantly moist ; has produced enlargement of the lymphatic glands, and looks as if it would go with him to his grave.

My second case comes lower down in the scale, but it is in the same group.

These cases must be very common in the practice of any dermatologist, and are probably designated eczematous, a classification which I should in no way question. As a matter of fact I should simply classify them as cases of eczema occurring in patients with pruriginous skins, which skins had been

scratched into the intense and incurable condition of the patient whose case I related first. I have now seen three instances of this condition ; the history was in each instance similar, a history of an irritable and harsh skin spreading over the patient's life, a skin which was influenced by many irritants, such as flannel, cold winds, sun, dust, dirt, &c. But when the elephantoid condition, the enlarged glands, the phosphatic urine, and the loss of flesh took place, the patients were hopelessly and irremediably ill.

I will now relate briefly the history and symptoms of a case of pruriginous skin in a patient with obstructed hair follicles.

J. B. is 42 years of age. He complains of itching and dryness of the skin which has existed since he was 20 years of age. The itching is worse in the winter than in the summer, and is increased by the heat of the fire.

Inspection. -He is a well-built man, whose occupation consists in playing eight instruments at the same time. The outer aspects of his limbs feel dry and shotty. This applies especially to his legs, and on the prominent

positions, such as the buttocks, the outer and front aspects of his legs. Over the inner condyles of the femores he is without surface hairs, but where the hairs should be papules are situated, which papules have a dark centre, can easily be dug out with a penknife, and in many of these can be found a hair, sometimes curled up like a watch spring, but practically a hair which is imprisoned in its own cell. There are a few blood crusts where he has scratched himself, but there is not the slightest weeping or scaliness of skin. He says he often digs a little seed-like body out of the skin.

I believe if we strip all our cases of what Mr. Hutchinson and Professor Duhring call winter prurigo, we shall find these obstructed hair follicles in them all. It will be remembered that some discussion took place as regards priority of discovery respecting this condition, but it was described by Dr. Handsenh of Munich, in 1845, as *pruritus hiemalis*, and you will find the late Mr. Startin and others have drawn attention to the association of itching and obstruction of hair follicles. No doubt the muscles of the skin which are in-

serted into the hairs on the surface where they start, are irritated by the cold weather, and being irritated they become active ; this activity would raise the hair in such a manner that it would irritate the hair sac. We see the best example of the action of these muscles in the horse on a cold day. His coat is said to stare, or, as we should express it, the erector pili muscles are stimulated by the cold and raise the hairs perpendicular to the plane of the horse's skin. It is by the action of these surface muscles that the horse and other animals jerk off flies or other obnoxious bodies.

As a digression bearing on this, I may call attention to the great irritation which is associated with the development of the acne of puberty ; in many cases it is the symptom which brings our patients before us. We are frequently consulted for a case of irritation in one spot. I have in my mind a patient I saw the morning I wrote this paragraph. He came to see me for an itching in one spot, which was worse when he had finished his day's work. On stripping him I found a spot not larger than a half-crown over the spine of

the right scapula, which spot was clearly defined and without a single hair growing upon its surface. The epidermis was distinctly thickened. I have another instance attending me here as an out-patient who has, over the bend of his right tibia an oblong patch of raised colourless and hairless stricture, which gives him a great deal of trouble. This patch has existed for over 30 years. Both my patients have a good crop of hair elsewhere.

I will now take another group of cases, those which Mr. Hutchinson, Sir Erasmus Wilson, and others have written upon, and which have received such names as varicella prurigo, lichen urticatus, and lichen prurigo ; cases which occur in early life, which get well as puberty approaches, and which form such a large proportion of the young children which are brought to a skin hospital. The condition comes on from the first to the fourth year as a rule ; and consists of scratched lichen spots, which scratches in some instances become urticarious. The eruption always appears on the outer aspect of the limbs, across the loins, and the lower part of the belly. It is not always easy to

define the exact character of the eruption. Sometimes it is a solid, colourless papule ; if this is scratched it becomes red, often vesicular, and where an eczematous diathesis exists, eczema follows, with enlargement of the lymphatic glands. The itching is worse in the spring, but it never entirely disappears until the puberty hairs grow. The eruption varies much even from day to day ; as it dies out it goes away like a bruise.

It has been suggested that where the wheals appear on the soles or the palms, it is a proof that the pruriginous condition was set up by a blood disease such as measles, or chicken pox, hence the name varicella-prurigo ; whilst in those cases where these situations escape, the condition is said to have its origin in an external irritant such as fleas or bugs. My own experience would show that this distinction is not clinically accurate, as in some of my cases I have not been able to discover that the rash was in any way a sequence of an exanthem, although there have been distinct wheals of soles and palms, together with the scratched lichen elsewhere. Rather should I believe that this form of

prurigo is a lichen occurring in a pruriginous skin, and I assert this the more confidently because the natural history of these cases shows that when a copious crop of hairs is produced on the trunk at the age of puberty the activity of the hair follicles comes to an end and the condition ceases.

The following case came under my observation some years ago, and at the time it made a lasting impression on me:—

E. B. was aged 68. There was nothing in his previous history which called for comment.

When I saw him first, which was in May, 1879, he was sitting in a chair in his dining-room, with his trousers off and a shawl thrown over his legs, so that he might easily scratch his legs, and scratching them he was most unmercifully. He had also a clothes brush with a long handle, which he used for allaying the irritation.

He complained of a succession of chills, and was extremely irritable, sleepless, and distressed by his condition.

I searched most carefully for insects and other causes of itching, but I found none.

His skin was a good deal damaged by his nails, but with the exception of a condition which the laity know as goose skin, he had no manifestation of disease. The irritability was always relieved when he was in a hot bath ; lotions and sedatives afforded him but little relief. He got thinner, terribly depressed, and in the September of the same year he became aphasic without loss of consciousness, and in October suddenly hemiplegic, and soon died.

Living as I do in an ancient part of the town I frequently see men advanced in years, who live in secluded rooms about Gray's Inn or the other inns ; men whose nerve centres are giving way, and I can call to mind several instances where itching of the skin has been the first warning of the beginning of the end.

Eliminating from this group all those in which the cause of the itching was discovered, I have been driven to the conclusion that this special class of case, which comes on suddenly and without any discoverable exciting cause, is in reality due to disease in the nerve centre, and my observation would

lead me to the conclusion that there is a centre which governs the sensation of the skin. We know there are centres which govern speech, micturition, sight, respiration, &c., and I cannot help believing that these cases are due to disease of a special skin centre. This, I am aware, is purely speculative, but if you will strip a patient with body lice before a class, and demonstrate before that class the cause of the itching, it is not difficult to see amongst these several who will commence scratching themselves. This scratching goes on for some time. Again, allusion to itching will set the listener scratching. These are, surely, examples of pruriginous conditions of skin excited by psychological cause.

I allude to these minor points because I am so sure that it is only by so doing that we can hope to get behind the scenes and find out the manifold causes of pruriginous skins. I suppose many a pruriginous skin is first started by the pleasure which is experienced in having the cutaneous surface gently irritated. We see this especially in the lower animals. Dogs and pigs become

docile when you scratch their backs. The trout is taken by tickling in some counties, a fact not generally known, but noticed by Shakspeare and Tennyson.

Dean Swift said, in his "Polite Conversation," that eating and scratching were two things we only had to commence doing and we should prolong. There is probably more significance in the observation than even this sublime wit saw himself.

I should detain the Society much too long if I were to even mention the manifold causes of a pruriginous state of the skin, but I must call attention to the distressing itching of the skin which comes on in cases of dropsy of the legs and varicose veins occurring in those who have thick skins. This itching is very commonly the greatest annoyance these patients experience, and is most difficult to subdue.

I will just call attention to the pruriginous state of some skins which is set up by fleas and other irritating animals. In any case we must search most carefully for these causes. We must also be alive to the kind of garments worn: some rough flannels and

some dyes, especially magenta and other aniline colours, will cause itching.

Hydrocyanic acid, the balsams, and probably the iodides and bromides will cause pruriginous conditions, which never assume a definite type of skin disease; or atmospheric conditions, such as east wind, fierce sunlight : and special occupations, such as those of glass blowers or smiths, or other employments where the surroundings consist of dust or other irritating matter, will excite a pruriginous condition in those who are predisposed.

I must trespass on your time for a few moments and drag in what is known as pruritus. We apply the word to any condition of itching either around the anus or the vulva, and we very often trip most uncomfortably in applying our lotions or our ointments without making a complete examination.

I am quite prepared to admit that I have under observation at the present time several cases of itching around the anus and spreading forward towards the scrotum, where I can simply discover a glazed and thickened look about the skin, with all the elevations and

depressions increased, and with the most troublesome irritation. But in these cases, if our patients are attentive to their symptoms, and if we question them narrowly, we shall be able to find spots which are so distinctly obstructed hair follicles that I cannot doubt the imprisoned hair is again the source of irritation. There are undoubtedly other exciting causes, such as piles, ulcer, polypus, worms, or fissure of the rectum, which set up and keep up the irritation. Sitting occupations again produce this itching in some cases. In others it is simply an expression of a general eczematous tendency, and for these reasons must be treated on its merits.

The pruritus of the vulva which sometimes masks the happiness of a woman's life, has many sources of origin. It is commonly but an expression of a general dartrous diathesis, locally determined by special anatomical conditions. It seems unusually common at the climacteric period of life, but in some instances it will be found to be associated with a growth in the urethra. One of the most brilliant things I ever saw accomplished was the discovery and excision of a small

papilloma of the urethral orifice, which completely cured a long-standing case of vulvar pruritus. I tell this story with some shame, because I had treated in vain this case for many months, and it was not until my patient had passed into other hands that the cause was discovered.

I am aware that the microscopist has discovered a bacillus in cases of pruritus of the vulva, but whether this is the cause or the effect of the condition has still to be determined.

I will now pass on to the treatment of pruriginous skins. By far the most important element in treating any irritable state of the skin is to use every endeavour to stop the scratching. This is not difficult with those who have work, but with the young, the aged, and the idle, or in other words, with those who have little work and less will, your difficulty is almost insurmountable. It is amongst this portion of the human race that we see the most itching skins. The working-man (I use the word in its largest significance) who has an irritable state of skin, itches most after his work is

done; he itches most when he has the greatest leisure.

In the first group of cases where an elephantoid state of the skin has been produced, we can only allay the itching; we are powerless to accomplish more.

In the second group, where the irritation is due to a patch of eczema, the eczema must be treated on general principles, *id est*, if the disease is recent, smear freely with oil, carbolic acid and oxide of zinc, but if the eczema is old, awake up fresh inflammatory action with an irritant in which you have confidence. I know of nothing better than carbolic acid.

The cases where obstructed hair follicles are the cause of the itching will be relieved by prolonged hot bathing, and opening of the mouths of the follicles by rubbing with soft soap and flannel.

The lichen-prurigo of infants seems to me to be benefitted in a remarkable manner by hydrocyanic acid given internally, a drop to the year, up to three years of age, and a sulphate of soda bath every night.

It has always appeared to me that we have missed a great opportunity in not giving

sufficient attention to skin diseases in their relation to other conditions : this remark applies especially to the structures analogous to the skin, that is the mucous and synovial membranes. The subject is a wide one, and I can only touch upon it to-night, and draw attention to this common clinical sequence.

A patient has a thick, dirty-looking skin, which skin is pruriginous, that is to say, it is easily irritated ; he or she is also bilious, that is, the mucous membrane of the stomach is easily irritated ; they get headaches ; this passes on through a series of years, then other mucous membranes become catarrhal (I use the word in the largest sense), and later on these patients often drop into joint affections.

I do not wish it to be understood that all pruriginous skins are dense and dark ; in the young the reverse is often the case, but in the majority of cases which come before us of scratched skins we shall, I think, find in these such a history as I have tried briefly to sketch.

The following is not an uncommon history : I have a patient under observation at

the present time, who lived in Ceylon for twenty years. She has round patches of eczema about her upper extremities, and what is curious, these patches undergo the most marked changes, which alternate regularly with copious diarrhoea. Of the two evils my patient prefers the diarrhoea.

I had some misgivings when I commenced this paper, about the possibility of arranging the matter which was floating about in my brain, in a form which would convey to others any precise opinions on irritable skins, and which might to a slight extent clear the ground of some of the obstacles which so surely make the subject of dermatology obscure and uninviting. This misgiving is intensified by a perusal of what I have written. I am conscious that I have advanced but little, and what every gentleman present knows as well as I do myself. But I have tried to keep in view the causes of what is known as prurigo. Undoubtedly the nomenclature of skin disease can be carried by ingenuity and research to a much further extent than it now is; but is not this dividing and sub-dividing of classes most confusing?

It is for this reason that I would ask, Why retain the word *prurigo*? Clearly, it means an itching, but it is more in accordance with common sense, if we get rid of these words, which simply indicate a symptom, such as purpura or diarrhoea, and the state we are discussing to-night. I have ventured to put forward the belief, that we shall always find in all cases of itching skins an exciting cause. It is very different where we have a clinical entity, such as psoriasis or eczema. These words convey at once to our mind a condition which is unique, and nothing but confusion would ensue, if we were to substitute other words for these, which have the sanction of birth and antiquity.

I would sum up my observations by the following postulates, so that I may have the advantage of the large experience of some of the members of the Society assisting me : -

- I. There is not such a disease as *prurigo*.
- II. That all cases of itching skins have a recognizable and discoverable cause.
- III. That all the group of symptoms

which are known as prurigo, are the result of scratching, and are simply symptoms.

- IV. All scratched skins which have advanced to an elephantoid state, and which have set up enlargement of lymphatic glands, are beyond the reach of remedies or hope.
- V. That the pruriginous skin of children, which progresses from birth to puberty, when it stops, has its origin in developing hair follicles.
- VI. That excessive itching does not occur in those situations where the hair grows luxuriantly.
- VII. That what is known as winter prurigo is due to imprisoned hairs.
- VIII. That an irritable state of the skin is always associated with an irritable state of the mucous and synovial membranes.

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